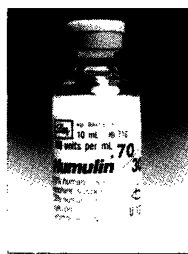


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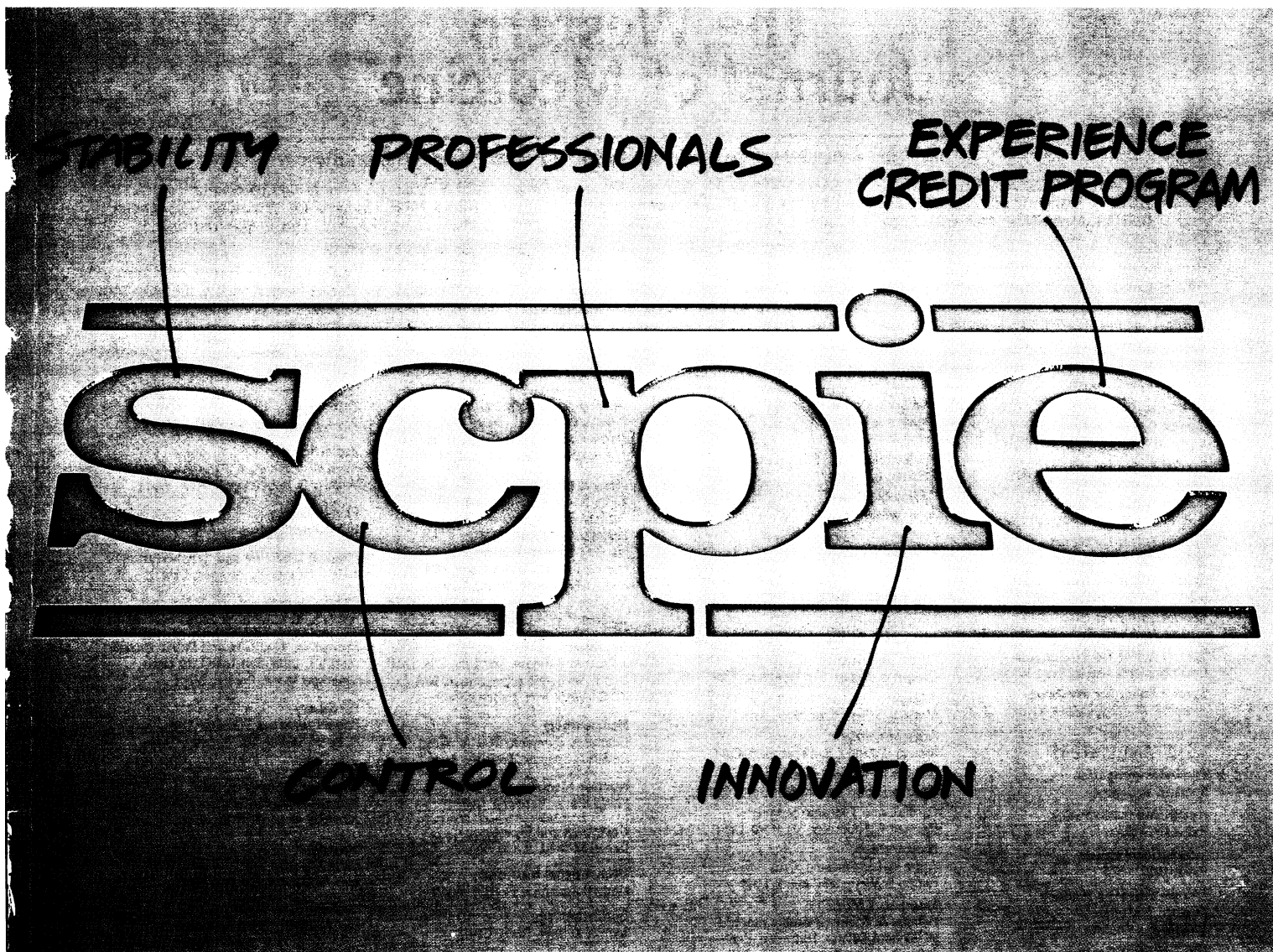
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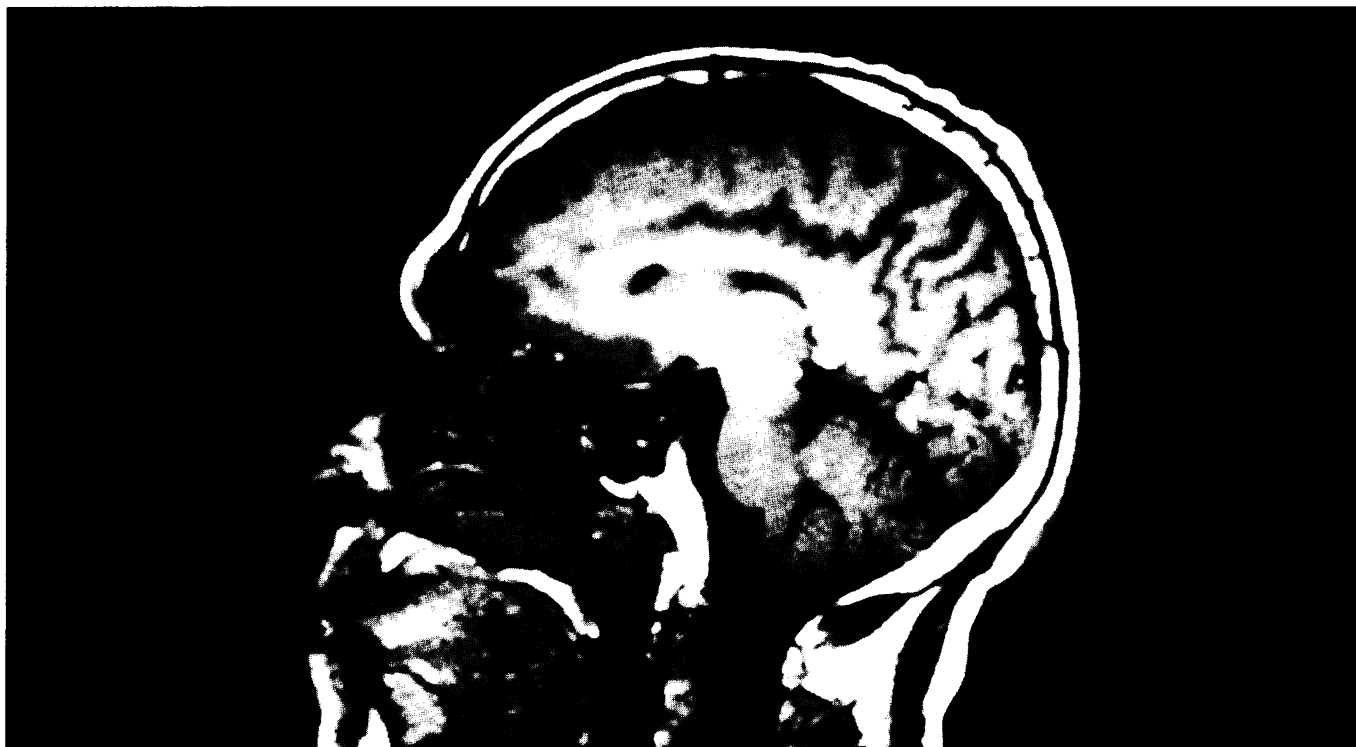
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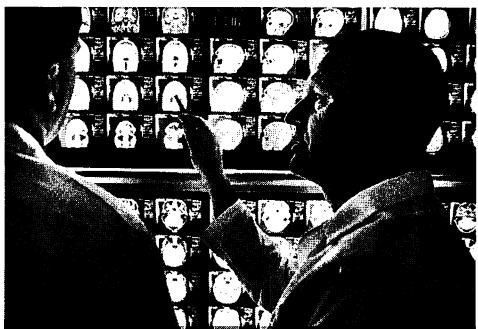
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Cully Cobb, M.D.

for patients. As Dr. Cobb puts it, "Many centers emphasize only one area. At Sutter General, there's excellence in every aspect of neurosurgical care. The equipment is top-notch. The facilities are excellent. There are superb physicians. And the operating room and neuroscience staff is outstanding." Then he adds, "Neurosurgery is like a gigantic jigsaw puzzle. If one part is missing, it's a disaster. At Sutter General, all the parts are there. And they work together beautifully." For more information about available services, call Sutter Neuroscience Center at Sutter General Hospital in Sacramento, (916) 733-3049.



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†Constipation, which is easily managed in most patients, is the most commonly reported side effect of Calan SR.

‡Verapamil should be administered cautiously to patients with impaired renal function.

BRIEF SUMMARY

Contraindications: Severe LV dysfunction (see **Warnings**), hypotension (systolic pressure < 90 mm Hg) or cardiogenic shock, sick sinus syndrome (if no pacemaker is present), 2nd- or 3rd-degree AV block (if no pacemaker is present), atrial flutter/fibrillation with an accessory bypass tract (eg, WPW or LGL syndromes), hypersensitivity to verapamil.

Warnings: Verapamil should be avoided in patients with severe LV dysfunction (eg, ejection fraction < 30%) or moderate to severe symptoms of cardiac failure and in patients with any degree of ventricular dysfunction if they are receiving a beta-blocker. Control milder heart failure with optimum digitalization and/or diuretics before Calan SR is used. Verapamil may occasionally produce hypotension. Elevations of liver enzymes have been reported. Several cases have been demonstrated to be produced by verapamil. Periodic monitoring of liver function in patients on verapamil is prudent. Some patients with paroxysmal and/or chronic atrial flutter/fibrillation and an accessory AV pathway (eg, WPW or LGL syndromes) have developed an increased antegrade conduction across the accessory pathway bypassing the AV node, producing a very rapid ventricular response or ventricular fibrillation after receiving I.V. verapamil (or digitalis). Because of this risk, oral verapamil is contraindicated in such patients. AV block may occur (2nd- and 3rd-degree, 0.8%). Development of marked 1st-degree block or progression to 2nd- or 3rd-degree block requires reduction in dosage or, rarely, discontinuation and institution of appropriate therapy. Sinus bradycardia, 2nd-degree AV block, sinus arrest, pulmonary edema and/or severe hypotension were seen in some critically ill patients with hypertrophic cardiomyopathy who were treated with verapamil.

Precautions: Verapamil should be given cautiously to patients with impaired hepatic function (in severe dysfunction use about 30% of the normal dose) or impaired renal function, and patients should be monitored for abnormal prolongation of the PR interval or other signs of overdosage. Verapamil may decrease neuromuscular transmission in patients with Duchenne's muscular dystrophy and may prolong recovery from the neuromuscular blocking agent vecuronium. It may be necessary to decrease verapamil dosage in patients with attenuated neuromuscular transmission. Combined therapy with beta-adrenergic blockers and verapamil may result in additive negative effects on heart rate, atrioventricular conduction and/or cardiac contractility; there have been reports of excessive bradycardia and AV block, including complete heart block. The risks of such combined therapy may outweigh the benefits. The combination should be used only with caution and close monitoring. Decreased metoprolol and propranolol clearance may occur when either drug is administered concomitantly with verapamil. A variable effect has been seen with combined use of atenolol. Chronic verapamil treatment can increase serum digoxin levels by 50% to 75% during the first week of therapy, which can result in digitalis toxicity. In patients with hepatic cirrhosis, verapamil may reduce total body clearance and extrarenal clearance of digitoxin. The digoxin dose should be reduced when verapamil is given, and the patient carefully

References: 1. Data on file, Searle. 2. Edmonds D, Würth JP, Baumgart P, et al. Twenty-four-hour monitoring of blood pressure during calcium antagonist therapy. In: Fleckenstein A, Laragh SH, eds. *Hypertension—the Next Decade: Verapamil in Focus*. New York, NY: Churchill Livingstone; 1987:94-100. 3. Midtbo KA. Effects of long-term verapamil therapy on serum lipids and other metabolic parameters. *Am J Cardiol*. 1990;66:131-151. 4. Fagher B, Henningsen N, Hulthén L, et al. Antihypertensive and renal effects of enalapril and slow-release verapamil in essential hypertension. *Eur J Clin Pharmacol*. 1990;39(suppl 1):S41-S43. 5. Schmieder RE, Messerli FH, Garavaglia GE, et al. Cardiovascular effects of verapamil in patients with essential hypertension. *Circulation*. 1987;75:1030-1036. 6. Midtbo K, Lauve O, Hals O. No metabolic side effects of long-term treatment with verapamil in hypertension. *Angiology*. 1988;39:1025-1029.

monitored. Verapamil will usually have an additive effect in patients receiving blood-pressure-lowering agents. Disopyramide should not be given within 48 hours before or 24 hours after verapamil administration. Concomitant use of flecainide and verapamil may have additive effects on myocardial contractility, AV conduction, and repolarization. Combined verapamil and quinidine therapy in patients with hypertrophic cardiomyopathy should be avoided, since significant hypotension may result. Concomitant use of lithium and verapamil may result in a lowering of serum lithium levels or increased sensitivity to lithium. Patients receiving both drugs must be monitored carefully. Verapamil may increase carbamazepine concentrations during combined use. Rifampin may reduce verapamil bioavailability. Phenobarbital may increase verapamil clearance. Verapamil may increase serum levels of cyclosporin. Verapamil may inhibit the clearance and increase the plasma levels of theophylline. Concomitant use of inhalation anesthetics and calcium antagonists needs careful titration to avoid excessive cardiovascular depression. Verapamil may potentiate the activity of neuromuscular blocking agents (curare-like and depolarizing); dosage reduction may be required. There was no evidence of a carcinogenic potential of verapamil administered to rats for 2 years. A study in rats did not suggest a tumorigenic potential, and verapamil was not mutagenic in the Ames test. Pregnancy Category C. There are no adequate and well-controlled studies in pregnant women. This drug should be used during pregnancy, labor, and delivery only if clearly needed. Verapamil is excreted in breast milk; therefore, nursing should be discontinued during verapamil use.

Adverse Reactions: Constipation (7.3%), dizziness (3.3%), nausea (2.7%), hypotension (2.5%), headache (2.2%), edema (1.9%), CHF, pulmonary edema (1.8%), fatigue (1.7%), dyspnea (1.4%), bradycardia: HR < 50/min (1.4%), AV block: total 1°, 2°, 3° (1.2%), 2° and 3° (0.8%), rash (1.2%), flushing (0.6%), elevated liver enzymes, reversible non-obstructive paralytic ileus. The following reactions, reported in 1.0% or less of patients, occurred under conditions where a causal relationship is uncertain: angina pectoris, atrioventricular dissociation, chest pain, claudication, myocardial infarction, palpitations, purpura (vasculitis), syncope, diarrhea, dry mouth, gastrointestinal distress, gingival hyperplasia, ecchymosis or bruising, cerebrovascular accident, confusion, equilibrium disorders, insomnia, muscle cramps, paresthesia, psychotic symptoms, shakiness, somnolence, arthralgia and rash, exanthema, hair loss, hyperkeratosis, macules, sweating, urticaria, Stevens-Johnson syndrome, erythema multiforme, blurred vision, gynecostasia, galactorrhea/hyperprolactinemia, increased urination, spotty menstruation, impotence.

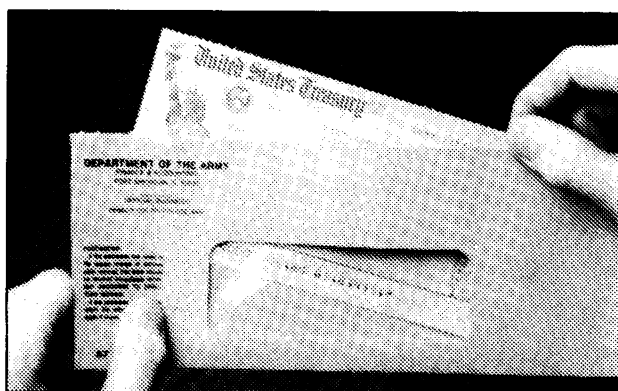
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SEMINARS IN OBSTETRICS AND GYNECOLOGY

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September 19-20, 1992

Saturday, September 19, 1992

7:00 a.m. **Registration & Breakfast**

7:30-8:30 "Treatment of Symptomatic Vulvar Lesions" - Dr. Leo Twiggs

8:30-9:30 "Management of the Menopausal Woman" - Dr. William Spellacy

9:30-10:30 "Treating the Abnormal Pap Smear" - Dr. Twiggs

10:30-11:30 "Hyperprolactemia and Galactorrhea" - Dr. Spellacy

11:30-12:30 "New and Future Methods of HPV Therapy" - Dr. Twiggs

Sunday, September 20, 1992

7:00 a.m. **Registration & Breakfast**

7:30-8:30 "Treatment of Symptomatic Vulvar Lesions" - Dr. Leo Twiggs

8:30-9:30 "Management of the Menopausal Woman" - Dr. William Spellacy

9:30-10:30 "Treating the Abnormal Pap Smear" - Dr. Twiggs

10:30-11:30 "Hyperprolactemia and Galactorrhea" - Dr. Spellacy

11:30-12:30 "New and Future Methods of HPV Therapy" - Dr. Twiggs

"PERINATAL MEDICINE"

November 14-15, 1992

Saturday, November 14, 1992

7:00 a.m. **Registration & Breakfast**

7:30-8:30 "Preconception Counseling" - Dr. Robert Resnik

8:30-9:30 "Heart Disease in Pregnancy" - Dr. Stephen Clark

9:30-10:30 "Fetal Assessment" - Dr. Jeffrey Lipshitz

10:30-11:30 "Antepartum Fetal Surveillance of the Postdated Pregnancy" - Dr. Jeffrey Phelan

11:30-12:30 "The Role of Lupus Anticoagulant and Anticardiolipin Antibodies in Reproductive Loss" - Dr. Resnik

Sunday, November 15, 1992

7:00 a.m. **Registration & Breakfast**

7:30-8:30 "Terbutaline Pump Therapy" - Dr. Phelan

8:30-9:30 "Managing Complications of Severe Pregnancy Induced Hypertension" - Dr. Clark

9:30-10:30 "The Evaluation and Management of the Patient with Intrauterine Growth Retardation" - Dr. Resnik

10:30-11:30 "Role of Amnioinfusion" - Dr. Phelan

11:30-12:30 "Management of the Post-Partum Hemorrhage" - Dr. Clark

"REPRODUCTIVE ENDOCRINOLOGY"

February 6-7, 1993

Saturday, February 6, 1993

7:00 a.m. **Registration & Breakfast**

7:30-8:30 "The Future of GYN" - Dr. Alan DeCherney

8:30-9:30 "Pathophysiology of Adhesion Formation and Treatment at Pelviscopy" - Dr. Michael Diamond

9:30-10:30 "RU - 486" - Dr. DeCherney

10:30-11:30 "Intrauterine Insemination" - Dr. Andrew Friedman

11:30-12:30 "Endocrine Aspects of Menopause" - Dr. DeCherney

Sunday, February 7, 1993

7:00 a.m. **Registration & Breakfast**

7:30-8:30 "Modern Diagnosis of Ectopic Pregnancy" - Dr. Bruce Shapiro

8:30-9:30 "Surgical Treatment of Ectopic Pregnancy" - Dr. Diamond

9:30-10:30 "Distal Tubal Disease; IVF vs. Surgery" - Dr. Friedman

10:30-11:30 "GnRH Use in Management of Uterine Myomata and Endometriosis" - Dr. Friedman

11:30-12:30 "Hysteroscopic Treatment of Intrauterine Lesions" - Dr. Diamond

"CONTROVERSIES IN OBSTETRICAL MANAGEMENT"

July 17-18, 1993

Saturday, July 17, 1993

7:00 a.m. **Registration & Breakfast**

7:30-8:30 "Fetal Assessment: Which Test is Best?" - Dr. Jeffrey Lipshitz

8:30-9:30 "Timing and Mechanisms of Perinatal Neurological Injury" - Dr. Barry S. Schifrin

9:30-10:30 "Twins" - Dr. Thomas J. Benedetti

10:30-11:30 "Cervical Cerclage vs. Preterm Labor" - Dr. Julian T. Parer

11:30-12:30 "Dysfunctional Labor" - Dr. Schifrin

Sunday, July 18, 1993

7:00 a.m. **Registration & Breakfast**

7:30-8:30 "Intrapartum Fetal Monitoring" - Dr. Parer

8:30-9:30 "Ketoacidosis" - Dr. Benedetti

9:30-10:30 "Pre-Eclampsia Including HELLP Syndrome" - Dr. Parer

10:30-11:30 "Invasive Hemodynamic Monitoring" - Dr. Benedetti

11:30-12:30 "Will the C/Section Rate Ever Exceed 100%?" - Dr. Schifrin

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Cardizem CD is indicated for the treatment of hypertension.

Please see brief summary of prescribing information on next page.



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For new patients starting on Cardizem® CD:**

- Start with one 180-mg capsule daily
- Monitor for 2 weeks
- If necessary, titrate to goal blood pressure

BRIEF SUMMARY

CARDIZEM® CD (diltiazem hydrochloride) Capsules
CARDIZEM® SR (diltiazem hydrochloride) Sustained Release Capsules

CONTRAINDICATIONS

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, (3) patients with hypotension (less than 90 mm Hg systolic), (4) patients who have demonstrated hypersensitivity to the drug, and (5) patients with acute myocardial infarction and pulmonary congestion documented by X-ray on admission.

WARNINGS

1. Cardiac Conduction. CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (13 of 3,007 patients or 0.43%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.

2. Congestive Heart Failure. Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt). An acute study of oral diltiazem in patients with impaired ventricular function (ejection fraction $24 \pm 6\%$) showed improvement in indices of ventricular function without significant decrease in contractile function (dp/dt). Worsening of congestive heart failure has been reported in patients with preexisting impairment of ventricular function. Experience with the use of CARDIZEM in combination with beta-blockers in patients with impaired ventricular function is limited. Caution should be exercised when using this combination.

3. Hypotension. Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.

4. Acute Hepatic Injury. Mild elevations of transaminases with and without concomitant elevation in alkaline phosphatase and bilirubin have been observed in clinical studies. Such elevations were usually transient and frequently resolved even with continued diltiazem treatment. In rare instances, significant elevations in enzymes such as alkaline phosphatase, LDH, SGOT, SGPT, and other phenomena consistent with acute hepatic injury have been noted. These reactions tended to occur early after therapy initiation (1 to 8 weeks) and have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in some cases, but probable in some. (See PRECAUTIONS.)

PRECAUTIONS

General. CARDIZEM is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.

Dermatological events (see ADVERSE REACTIONS section) may be transient and may disappear despite continued use of CARDIZEM. However, skin eruptions progressing to erythema multiforme and/or exfoliative dermatitis have also been infrequently reported. Should a dermatologic reaction persist, the drug should be discontinued.

Drug Interaction. Due to the potential for additive effects, caution and careful titration are warranted in patients receiving CARDIZEM concomitantly with any agents known to affect cardiac contractility and/or conduction. (See WARNINGS.) Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)

As with all drugs, care should be exercised when treating patients with multiple medications. CARDIZEM undergoes biotransformation by cytochrome P-450 mixed function oxidase. Coadministration of CARDIZEM with other agents which follow the same route of biotransformation may result in the competitive inhibition of metabolism. Doses of similarly metabolized drugs such as cyclosporin, particularly those of low therapeutic ratio or in patients with renal and/or hepatic impairment, may

require adjustment when starting or stopping concomitantly administered CARDIZEM to maintain optimum therapeutic blood levels.

Beta-blockers: Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers is usually well tolerated, but available data are not sufficient to predict the effects of concomitant treatment in patients with left ventricular dysfunction or cardiac conduction abnormalities.

Administration of CARDIZEM concomitantly with propranolol in five normal volunteers resulted in increased propranolol levels in all subjects and bioavailability of propranolol was increased approximately 50%. If combination therapy is initiated or withdrawn in conjunction with propranolol, an adjustment in the propranolol dose may be warranted. (See WARNINGS.)

Cimetidine: A study in six healthy volunteers has shown a significant increase in peak diltiazem plasma levels (58%) and area-under-the-curve (53%) after a 1-week course of cimetidine at 1,200 mg per day and diltiazem 60 mg per day. Ranitidine produced smaller, nonsignificant increases. The effect may be mediated by cimetidine's known inhibition of hepatic cytochrome P-450, the enzyme system probably responsible for the first-pass metabolism of diltiazem. Patients currently receiving diltiazem therapy should be carefully monitored for a change in pharmacological effect when initiating and discontinuing therapy with cimetidine. An adjustment in the diltiazem dose may be warranted.

Digitalis: Administration of CARDIZEM with digoxin in 24 healthy male subjects increased plasma digoxin concentrations approximately 20%. Another investigator found no increase in digoxin levels in 12 patients with coronary artery disease. Since there have been conflicting results regarding the effect of digoxin levels, it is recommended that digoxin levels be monitored when initiating, adjusting, and discontinuing CARDIZEM therapy to avoid possible over- or under-digitalization. (See WARNINGS.)

Anesthetics: The depression of cardiac contractility, conductivity, and automaticity as well as the vascular dilation associated with anesthetics may be potentiated by calcium channel blockers. When used concomitantly, anesthetics and calcium blockers should be titrated carefully.

Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats at oral dosage levels of up to 100 mg/kg/day, and a 21-month study in mice at oral dosage levels of up to 30 mg/kg/day showed no evidence of carcinogenicity. There was also no mutagenic response in vitro or in vivo in mammalian cell assays or in vitro in bacteria. No evidence of impaired fertility was observed in a study performed in male and female rats at oral dosages of up to 100 mg/kg/day.

Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was an increased incidence of stillbirths at doses of 20 times the human dose or greater.

There are no well-controlled studies in pregnant women; therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers. Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted.

Pediatric Use. Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded from these studies.

The adverse events described below represent events observed in clinical studies of hypertensive patients receiving either CARDIZEM Tablets or CARDIZEM SR Capsules as well as experiences observed in studies of angina and during marketing. The most common events in hypertension studies are shown in a table with rates in placebo patients shown for comparison. Less common events are listed by body system; these include any adverse reactions seen in angina studies that were not observed in hypertension studies. In all hypertensive patients taking CARDIZEM Tablets or CARDIZEM SR Capsules studied (over 900), the most common adverse events were edema (9%), headache (8%), dizziness (6%), asthenia (5%), sinus bradycardia (3%), flushing (3%), and first-degree AV block (3%). Only edema and perhaps bradycardia and dizziness were dose related.

DOUBLE BLIND PLACEBO CONTROLLED HYPERTENSION TRIALS

ADVERSE	DILTIAZEM N=315 # PTS (%)	PLACEBO N=211 # PTS (%)
Headache	38 (12%)	17 (8%)
AV Block First Degree	24 (7.6%)	4 (1.9%)
Dizziness	22 (7%)	6 (2.8%)
Edema	19 (6%)	2 (0.9%)
Bradycardia	19 (6%)	3 (1.4%)
ECG Abnormality	13 (4.1%)	3 (1.4%)
Asthenia	10 (3.2%)	1 (0.5%)
Constipation	5 (1.6%)	2 (0.9%)
Dyspepsia	4 (1.3%)	1 (0.5%)
Nausea	4 (1.3%)	2 (0.9%)
Palpitations	4 (1.3%)	2 (0.9%)
Polyuria	4 (1.3%)	2 (0.9%)
Somnolence	4 (1.3%)	—
Alk Phos Increase	3 (1%)	1 (0.5%)
Hypotension	3 (1%)	1 (0.5%)
Insomnia	3 (1%)	1 (0.5%)
Rash	3 (1%)	1 (0.5%)
AV Block Second Degree	2 (0.6%)	—

The following table presents the most common adverse reactions reported in placebo-controlled trials in patients receiving CARDIZEM CD up to 360 mg with rates in placebo patients shown for comparison.

ADVERSE REACTION	CARDIZEM CD N=324	PLACEBO N=175
HEADACHE	9.0%	8.0%
BRADYCARDIA	4.3%	2.3%
EDEMA	3.7%	2.3%
DIZZINESS	3.1%	3.4%
ECG ABNORMALITY	3.1%	2.9%
AV BLOCK FIRST DEGREE	2.2%	—
ASTHENIA	1.9%	1.7%

In clinical trials of CARDIZEM CD Capsules, CARDIZEM Tablets, and CARDIZEM SR Capsules involving over 3000 patients, the most common events (i.e., greater than 1%) were edema (4.9%), headache (4.9%), dizziness (3.5%), asthenia (2.7%), first-degree AV block (2.2%), bradycardia (1.6%), flushing (1.5%), nausea (1.4%), rash (1.3%), and dyspepsia (1.2%).

In addition, the following events were reported infrequently (less than 1%).

Cardiovascular: Angina, arrhythmia, AV block (second- or third-degree), bundle branch block, congestive heart failure, ECG abnormalities, hypotension, palpitations, syncope, tachycardia, ventricular extrasystoles.

Nervous System: Abnormal dreams, amnesia, depression, gait abnormality, hallucinations, insomnia, nervousness, paresthesia, personality change, somnolence, tinnitus, tremor.

Gastrointestinal: Anorexia, constipation, diarrhea, dry mouth, dysgeusia, mild elevations of SGOT, SGPT, LDH, and alkaline phosphatase (see hepatic warnings), thirst, vomiting, weight increase.

Dermatological: Petechiae, photosensitivity, pruritus, urticaria.

Other: Amblyopia, CPK increase, dyspnea, epistaxis, eye irritation, hyperglycemia, hyperuricemia, impotence, muscle cramps, nasal congestion, nocturia, osteoarthral pain, polyuria, sexual difficulties.

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: alopecia, erythema multiforme, exfoliative dermatitis, extrapyramidal symptoms, gingival hyperplasia, hemolytic anemia, increased bleeding time, leukopenia, purpura, retinopathy, and thrombocytopenia. In addition, events such as myocardial infarction have been observed which are not readily distinguishable from the natural history of the disease in these patients. A number of well-documented cases of generalized rash, characterized as leukocytoclastic vasculitis, have been reported. However, a definitive cause and effect relationship between these events and CARDIZEM therapy is yet to be established.

HOW SUPPLIED

CARDIZEM® CD (diltiazem hydrochloride) is available as capsules of 180 mg, 240 mg, and 300 mg in bottles of 30 and 90, and in UDIP® packages of 100.

CARDIZEM® SR (diltiazem hydrochloride) is available as sustained release capsules of 60 mg, 90 mg, and 120 mg in bottles of 100, and in UDIP® packages of 100.

CARDIZEM® CD Product Information as of October 1991

CARDIZEM® SR Product Information as of January 1991

References: 1. Data on file, Marion Merrell Dow Inc. 2. Cramer JA, Mattson RH, Prevey ML, et al. JAMA. 1989;261(22):3273-3274.



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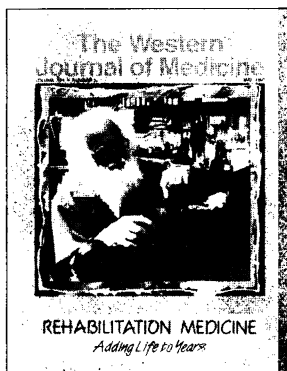
CMA's Department of Physician Education has produced a new CME program, "HIV Risk Assessment: Methods and Guidelines," which is available free to physicians. This program teaches effective strategies developed by expert physicians to identify patients who are potentially at risk for HIV infection. Worth one hour of CME Category I credit, the program is designed for groups of 5-20 physicians.

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Those interested in taking part in this unique CME program should contact Amy Wright in CMA's Department of Physician Education at 415/882-5186.

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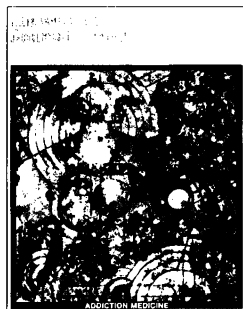


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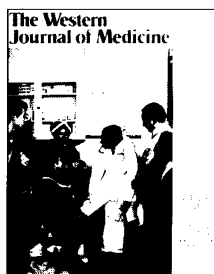
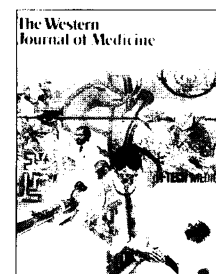
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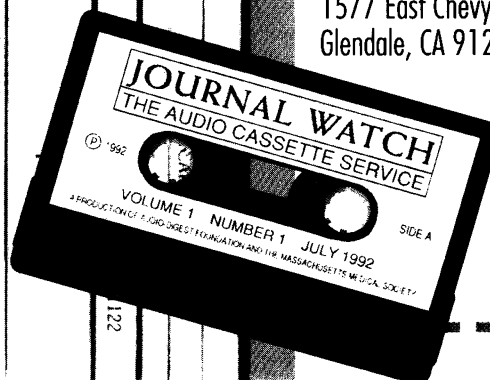
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SAN FRANCISCO BAY AREA. Two physician (with two physician assistants) General Practice/Family Practice group seeks BC/BE Family Practice, Internal Medicine, or Emergency Medicine practitioner capable of General Practice, to join thriving practice in rapidly growing Tri-Valley area 40 minutes east of San Francisco. No Obstetrics. Historic wine country; sophisticated professional and suburban patient base. Competitive salary first year, with bonus potential; consideration for partnership thereafter. Will also consider minimum one year employment contract not leading to partnership. Congenial atmosphere, attractive surroundings. Excellent financial opportunity in beautiful area. Send CV to James A. Blackwell, MD, Livermore Medical Clinic, 87 Fenton St, Ste 210, Livermore, CA 94550.

UNIQUE OPPORTUNITY for idealistic and ambitious private practitioner adjacent to state-of-the-art athletic/health club in Cotati, California. Family Practice, Orthopedics, or Rehabilitation Medicine. Please contact Crilly Butler, (707) 795-2141.

SALT LAKE CITY—URGENT CARE/FAMILY PRACTICE. Six year old center in upper middle class community. BC preferred, early partnership available. Great recreation area. Work Net, PO Box 26692, Salt Lake City, UT 84199.

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Several positions available for Family Practice, Internal Medicine, and most medical subspecialties. We are a young, aggressive group in a well known prepaid group practice HMO organization with excellent benefits and a very reasonable call schedule. You will have a rewarding practice opportunity with ample time to enjoy the mountains and San Francisco which are nearby. If interested please call or send CV to Physician Recruitment, Administration, The Permanente Medical Group, Inc, 1305 Tommydon St, Stockton, CA 95210; (209) 476-3300.

BC/BE FAMILY PHYSICIAN to join three other Family Practitioners, OB/GYN, Internist, and Physician Assistant at busy Migrant/Community Clinic in Grandview, Washington. Full-range Family Practice, including Obstetrics, hospital work, and Emergency coverage. Excellent relationship with well trained BC Family Practitioners and surgeon in community. Friendly rural area with good schools. Close to mountain recreational areas and water sports. Professional liability paid. Excellent benefits, vacation liberal. Contact Ann Garza, Director of Personnel, or Jeri Weeks, Personnel Assistant, Yakima Valley Farm Workers Clinic, PO Box 190, Toppenish, WA 98948; (509) 865-5898.

PHYSICIANS WANTED

BC/BE OB/GYN to join one Internist, one Family Nurse Practitioner, one Pediatric Nurse Practitioner, and one OB/GYN Nurse Practitioner in Walla Walla, Washington. Shared call with two local OB/GYNs. Competitive salary, excellent benefit package, including vacation up to 32 days per year and professional liability. Public Health Service immediate loan repayment slot. Contact Sylvia Arroyo, Clinic Administrator, Family Medical Center, PO Box 515, Walla Walla, WA 99362; (509) 525-6650, or Ann Garza, Director of Personnel, or Jeri Weeks, Personnel Assistant; (509) 865-5898.

INTERNAL MEDICINE—Southern California. Challenging career opportunities for specialists in Internal Medicine desiring private practice. Growing, prestigious, university-affiliated south bay medical center is recruiting BC/BE physicians for expanding solo and group practices. Excellent compensation. Submit CV to J. Michaels, 2600 Cliff Dr, Newport Beach, CA 92663.

PRIMARY CARE PHYSICIAN wanted for expanding eastern Washington clinic. Full- and part-time positions available. Located in prime recreational area. Skiing, sailing, fishing, hunting all within a short distance. Enjoy mild climate, excellent schools and a major university branch campus in growing community of 100,000 plus. Challenging work in a superbly equipped clinic with state-of-the-art lab, x-ray, laser, and endoscopy. Above average compensation and benefits including malpractice, health insurance, and CME. Contact Dr Stephen L. Smith, 310 Torbett, Richland, WA 99352; (509) 545-8340 or FAX (509) 946-7666.

PEDIATRICIANS—NEVADA, CALIFORNIA, TEXAS! Private practice opportunities available. Hospital sponsored with coverage or join an established group. For details, call Eloise Gusman, (800) 535-7698 or send CV to PO Box 101656, Ft Worth, TX 76185, or FAX (817) 927-0030.

(Continued on Page 206)

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(Continued from Page 205)

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SOUTHERN CALIFORNIA. Family Practice physician position available in Riverside County. Guaranteed income, excellent benefits with early partnership. Send résumé to Number 265, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

PHYSICIANS POSITIONS. VA Clinic/VAMC ER vacancy exists at the Salt Lake City VAMC satellite outpatient clinic at Pocatello, Idaho for BE/BC Family Physician or a BE/BC General Internist. Scenic mid-size college town with all the advantages of rural living. This clinic sees patients by appointment only, Monday through Friday, 8:30-5:00 p.m. Vacancy also exists at the Salt Lake City VAMC admitting office for BE/BC Emergency, Internal Medicine, or Family Practice physician. The VA offers a wide range of benefits. For more information and application contact Glenda Taylor, Personnel, (801) 582-1565, ext 1284. Base salary and special pay based on qualifications. Position subject to drug screening. The VA is an equal opportunity employer.

PHYSICIANS WANTED

NORTHERN CALIFORNIA

SAN JOSE. Leading Primary Care group practice affiliated with 200-bed hospital is growing. BE/BC physicians in the following specialties are needed:

- Family Practice
- Internal Medicine
- Pediatrics
- OB/GYN

A generous salary, good benefits, and a liveable practice schedule are offered. Please send your CV to **Ken Baker, Physician Search Group, 550 Montgomery St, Ste 725, San Francisco, CA 94111; or call (800) 229-0411 or (415) 399-8840; FAX (415) 399-0411.**

SEATTLE, WASHINGTON. FAMILY PHYSICIAN BC/BE, part- or full-time, wanted for a stimulating practice in a comprehensive Primary Care community clinic serving a diverse Asian/Pacific Islander population. OB required. Cantonese language skills helpful. Contact Debra Cavinta, Administrative Assistant, International District Community Health Center, 416 Maynard Ave S, Seattle, WA 98104; (206) 461-3617. EOE. Closing Date 9/30/92.

FAMILY PRACTICE—CALIFORNIA, NEVADA, LOUISIANA, AND TEXAS! Private practice opportunities available in southern California, Las Vegas and Reno, Nevada, Shreveport and New Orleans, Louisiana with established groups. For details, call Eloise Gusman, (800) 535-7698 or send CV to PO Box 101656, Ft Worth, TX 76185, or FAX (817) 927-0030.

BC/BE GENERAL INTERNIST NEEDED. Nine physician department in 27 doctor multispecialty clinic. Guaranteed salary. Excellent benefits. CV to Mike McCraley, Ogden Clinic, 4650 Harrison, Ogden, UT 84403; (800) 234-5637.

PHYSICIANS WANTED

CALIFORNIA CENTRAL COAST. Young BC Family Practitioner desires same to share booming practice. Dr Okerblom, 1145 E Clark Ave, Orcutt, CA 93455.

TWO BC/BE OB/GYN'S with commitment to caring for the underserved, needed to join Primary Care (OB, Family Practice, Pediatrics, Internal Medicine), community health clinics in Toppenish and Grandview, Washington. Rural setting, beautiful sunny central Washington near Columbia River gorge. Diverse cultural influences (Hispanic and Native American). Recreational opportunities including fishing, skiing, and bikers' paradise. Competitive salary with excellent benefit package including vacation up to 32 days per year and paid professional liability. Contact Ann Garza, Director of Personnel, or Jeri Weeks, Personnel Assistant, Yakima Valley Farm Workers Clinic, PO Box 190, Toppenish, WA 98948; (509) 865-5898.

AMBULATORY CARE, Hayward, Modesto, Orange County, California. Thriving practices, attractive facilities, competitive salary, profit-sharing, partnership with growth potential. Contact John Gravette, California Emergency Physicians, 2101 Webster St, #1050, Oakland, CA 94612; (510) 835-7431. Outside of California, (800) 842-2619.

BC/BE GASTROENTEROLOGIST NEEDED. Busy office practice. 27 doctor multispecialty clinic. Mountain locale. Guaranteed salary. Excellent benefits. CV to Mike McCraley, Ogden Clinic, 4650 Harrison, Ogden, UT 84403; (800) 234-5637.

NORTHERN CALIFORNIA HOSPITAL seeking a BC/BE Internist to staff its new satellite medical clinics. Assistance is available in establishing a practice. Net income guarantees are open including support for office staff and required equipment. Contact Margaret Ward, Redbud Community Hospital, PO Box 6720, Clearlake, CA 95422; (707) 994-6486, ext 128.

(Continued on Page 207)

(Continued from Page 207)

PHYSICIANS WANTED

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Several positions available to join a multispecialty group, partnership as well as solo practice for the explosive growth of our area population. BC/BE physician in such specialties as:

- FAMILY PRACTICE
- PEDIATRICS
- OB/GYN
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San Jose's leading multispecialty group is growing. We are seeking BE/BC physicians in the following specialties:

- Orthopedic Surgery
- Internal Medicine/General
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- Family Practice
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- General Surgery

If you are committed to excellence and strongly motivated for success, we would like to hear from you. Please send your CV to Maureen Forrester, San Jose Medical Group, Inc., 45 S. 17th St, San Jose, CA 95112; or call **(408) 282-7833**.

*An independent physician group affiliated with Stanford University Medical Center.

DON'T FORGET!

The deadline for submitting classifieds for the October issue of WJM is August 25. Send your advertisement to:

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PHYSICIANS WANTED

NORTHERN CALIFORNIA

Positions available for BC/BE OB/GYNs with private group practices in San Francisco, SF Peninsula, Marin County, San Jose, and Sacramento; with multispecialty groups in South Bay. For information about these opportunities, please call Mary Letterii at (800) 229-0411 or (415) 399-8840 or send your CV to Physician Search Group, 550 Montgomery St, Ste 725, San Francisco, CA 94111, FAX (415) 399-0411. You can depend on us to handle your inquiry with complete confidence.

PEDIATRICIAN—SANTA MONICA. Associate needed for rapid takeover of busy, lucrative Pediatric practice. Good coverage weekends. Low overhead. Rare opportunity. Phone Lisa; (310) 829-1752 for details.

BC/BE FAMILY PHYSICIAN needed for large multispecialty group in San Jose, California. Includes Internal Medicine, Pediatrics, Gynecology, minor surgery with inpatient/outpatient responsibilities. Opportunities exist at main location and smaller facilities. Good call coverage exists. Competitive salary and benefits offered. Call Florence Korbis collect at (408) 999-7113 or send CV to MMS, 532 Race St, San Jose, CA 95126-3432.

NATIONWIDE TRAVEL. Health research organization seeks physician for National Health and Nutrition Examination Survey sponsored by the US Public Health Service. Individual will be part of a large medical team conducting health examinations in government mobile exam centers traveling to 88 areas of the US through Fall of 1994. Must be licensed in one state. One year minimum commitment and full-time continuous travel required. Competitive salary, paid malpractice, per diem, car, four weeks paid vacation per year, holidays, and health, life, dental, disability insurance offered. Call Beverly Geline, (800) 937-8281, ext 8248. Westat, Inc, Rockville, MD, EOE/M/F/V/H.

NEVADA—GASTROENTEROLOGIST. BC/BE needed to join General Intern practice in southern Nevada. Generous salary leading to full partnership. Interest in Internal Medicine preferred. Send CV to K. Hicks, 6151 Mountain Vista, #525, Henderson, NV 89014.

BE/BC PHYSICIANS. Moreno Valley Medical Group. General Practitioner, OB/GYN, Internal Medicine. Excellent compensation. Send CV to Moreno Valley Medical Group, 22810 Alessandro Blvd, Moreno Valley, CA 92388. Call (714) 653-2500 (Marcel).

OB/GYN POSITIONS and outpatient GYN positions available in northern (north bay) and southern California (Los Angeles and San Diego); malpractice paid, excellent benefits. Call IMN, (800) 775-4677.

DERMATOLOGY. BC/BE Dermatologist needed for busy Medical/Surgical practice. Located in wonderful recreational area on California's beautiful central coast. Ideal location for families, close to lake, ocean, university campus. Surgical and/or pathology skills preferred. Partnership potential. Send résumé to Number 268, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

PULMONARY/CRITICAL CARE. Immediate opening for BC/BE Pulmonologist to join two BC Pulmonologists/Intensivists in expanding practice located in a desirable southern California seaside community. This outstanding opportunity provides a 100% Pulmonary/Critical Care consultative practice, academic affiliations/teaching position available locally. Please reply with a letter of introduction and CV to Number 269, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

(Continued on Page 210)

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(Continued from Page 209)

PHYSICIANS WANTED

NORTHERN CALIFORNIA—LOS GATOS

FAMILY PHYSICIAN needed to replace physician leaving. Full-time, Monday thru Friday. Share on-call with six other physicians. Close to Good Samaritan Hospital. Full lab and x-ray in office. For more information, contact Teri Daniels; (408) 377-9180.

AMBULATORY/FAMILY PRACTICE group seeking Family Practice/General Practice physician for rapidly expanding practice in northern California. Prime recreation area in growing community of 70,000. Compensation and benefits include malpractice, health insurance, and CME. Call (916) 222-2113 or send résumé to 191 Hartnell Ave, Redding, CA 96002.

HIV EARLY INTERVENTION PROGRAM needs full-time Primary Care or Internal Medicine physician to work within innovative outpatient setting. Opportunity to follow HIV-positive patients through full spectrum of care along with multidisciplinary staff. Teaching and hospital attending opportunities available. Salary and benefits are competitive and based upon experience. Contact Martin Fensterseib, MD, Public Health Medical Services, 2220 Moorpark Ave, San Jose, CA 95128; (408) 299-5858.

CALIFORNIA PALM SPRINGS AREA. BC/BE Emergency or Family Practice physician or experienced in Urgent Care for a growing, state-of-the-art Urgent Care clinic. Paid malpractice. Salary plus profit sharing. Contact Govind Sharma, MD, FACEP, Palm Desert Urgent Care, 73-345 Hwy 111, Palm Desert, CA 92260; (619) 340-5800.

PHYSICIAN. California State University, San Bernardino seeks a Physician to join its Student Health Center staff. Specialty areas of Family Practice, Internal Medicine, OB/GYN, or Pediatrics preferred. BC/BE. Full-time position. Selected candidate will work 10 months, September 1 - June 30 and will receive benefits and salary for 12 months. Stable work hours and excellent benefit package included. Located at the base of the beautiful San Bernardino Mountains, CSUSB is a member of the California State University System. Write to California State University, Personnel Department, 5500 University Parkway, San Bernardino, CA 92407; (714) 880-5138.

INTERNAL MEDICINE/PRIMARY CARE. BC/BE, recently trained (university program preferred) for group practice in San Francisco. Send CV and availability to A. Aronow, MD, 45 Castro St, San Francisco, CA 94114.

NORTHERN CALIFORNIA PEDIATRICS. BC/BE Pediatrician to join three Pediatricians and two Nurse Practitioners in beautiful northern California coastal city. Competitive salary first year, then partnership if mutually agreeable. Contact C. Cody, MD, 2800 Harris St, Eureka, CA 95501; (707) 445-8416.

TWO EMERGENCY OR FAMILY PRACTICE PHYSICIANS BE/BC needed to staff two clinics in Bellingham, Washington. One clinic is Primary Care; one is Ambulatory Care. No OB required. Desirable northwest location where water and mountains meet. Income guarantee. Equity opportunity. Send CV to PO Box 1644, Blaine, WA 98230.

PACIFIC NORTHWEST: FAMILY PRACTICE, INTERNAL MEDICINE, OB/GYN, PEDIATRICS, ORTHOPEDICS. Urban and rural, mountains or coastal. Excellent opportunities. Quality lifestyle. Call or send CV to Joyce Adams, AD-MOR Associates, PO Box 80145, Portland, OR 97280; (800) 827-5198. Ask about Oregon's physician tax credit.

LARGE MULTISPECIALTY MEDICAL GROUP needs General Internist to join our six person department. Beautiful environment for enjoyable practice. Excellent salary, benefits, and free time. Send CV to Rex Couch, MD, Medical Director, Kauai Medical Group, Inc, 3420-B Kuhio Hwy, Lihue, HI 96766.

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ORTHOPEDIC SURGEONS. Orthopedic surgeon for a very busy Orthopedic service in a 223-bed teaching hospital with residencies in General Surgery, Internal Medicine, OB/GYN, and Family Practice. Should be BC/BE. Experience in arthroscopy preferred. Salary and compensation plan negotiable depending on experience. Hospital located in beautiful northern San Joaquin Valley close to major cities and skiing areas. Please submit CV and references or contact Nathaniel Matolo, MD, Chief of Surgery, San Joaquin General Hospital, PO Box 1020, Stockton, CA 95201; phone (209) 468-6600. AA/EOE.

SAN DIEGO COUNTY. Family, Internal, OB/GYN, and Pediatric practices available. Long established—doctors retiring. Various prices and low down payments. Call CBI, San Diego County's professional practice sales specialists, (619) 283-7009.

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MEDICAL DEVICES and procedures a specialty. Consult a registered patent attorney before you publish or practice your invention. Acronational Patent Law Firm, 101 California St, Ste 980, San Francisco, CA 94111; (415) 421-1546.

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WESTERN STATE MEDICAL ASSOCIATIONS' MEETINGS

Alaska State Medical Association—4107 Laurel St, Anchorage 99508. (907) 562-2662. Annual Meeting: 1993, date and place to be announced.

Arizona Medical Association, Inc—810 W Bethany Home Rd, Phoenix 85013. (602) 246-8901. Annual Meeting: 1993, date and place to be announced.

California Medical Association—PO Box 7690, San Francisco 94120-7690. (415) 541-0900. Annual Meeting: February 26-March 3, 1993, Disneyland Hotel, Anaheim.

Colorado Medical Society—PO Box 17550, Denver 80217-0550. (303) 779-5455. Annual Meeting: September 10-13, 1992, Copper Mountain.

Hawaii Medical Association—1360 S Beretania, Honolulu 96814. (808) 536-7702. Annual Meeting: October 10-12, 1992, Honolulu.

Idaho Medical Association—305 W Jefferson, PO Box 2668, Boise 83701. (208) 344-7888. Annual Meeting: July 30-August 1, 1992, Coeur d'Alene.

Montana Medical Association—2012 11th Ave, Suite 12, Helena 59601. (406) 443-4000. Annual Meeting: October 1-3, 1992, Bozeman.

Nevada State Medical Association—3660 Baker Lane, Reno 89502. (702) 825-6788. Annual Meeting: 1993, date and place to be announced.

New Mexico Medical Society—7770 Jefferson, Suite 400, Albuquerque 87109. (505) 828-0237. Annual Meeting: 1993, date and place to be announced.

Oregon Medical Association—5210 SW Corbett Ave, Portland 97201. (503) 226-1555. Annual Meeting (House of Delegates only): November 6-8, 1992, Portland.

Utah Medical Association—540 E Fifth South, Salt Lake City 84102. (801) 355-7477. September 16-19, 1992, University Park Hotel, Salt Lake City.

Washington State Medical Association—900 United Airlines Bldg, 2033 6th Ave, Seattle 98121. (206) 441-WSMA. Annual Meeting: October 1-4, 1992, Yakima.

Wyoming Medical Society—PO Drawer 4009, Cheyenne 82003-4009. (307) 635-2424. Annual Meeting: 1993, date and place to be announced.

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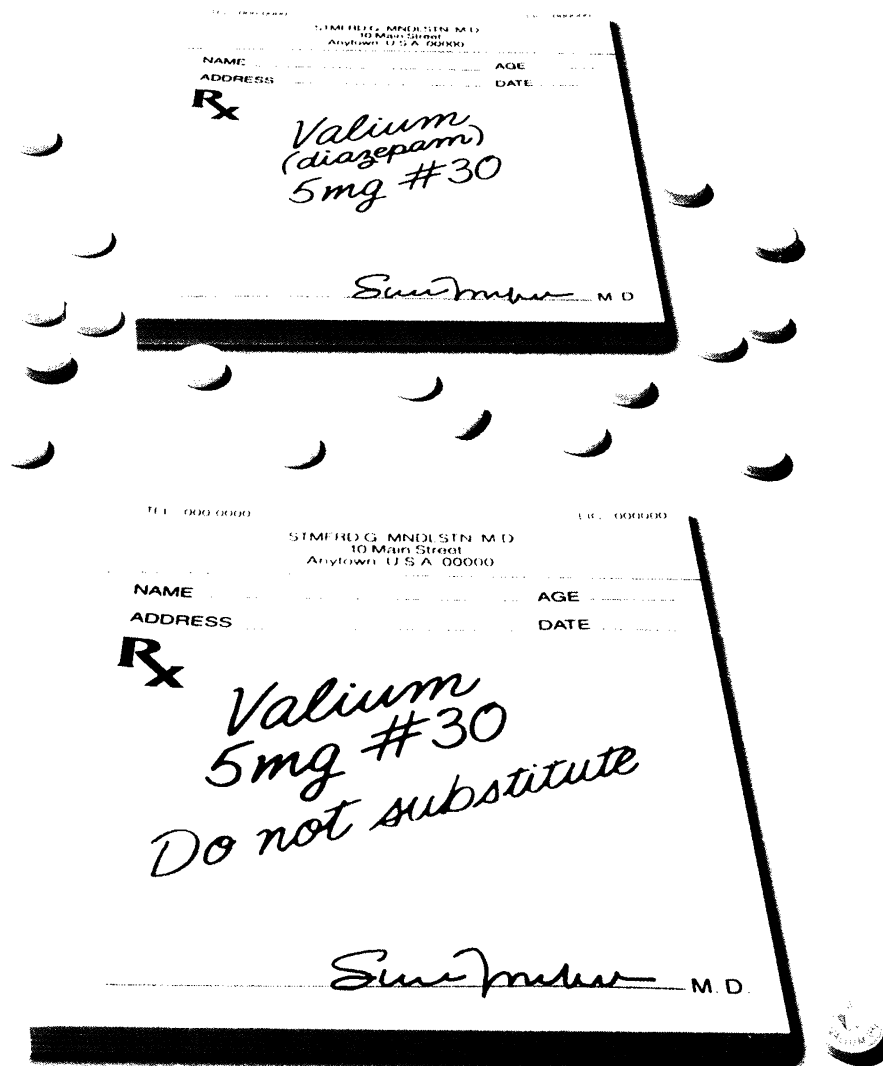
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